

**(AMC-M 1-2)**

SPECIAL INSTRUCTIONS
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1. Purpose -
2. Reference -
3. Background/Discussion -
4. Recommendation -
5. Explanation for late response/relevance -

  
  
  
  
  
  
  
  
  
  

APPROVED	_____
DISAPPROVED	_____
SEE ME	_____

COORDINATION (Print or Type)						ROUTING SEQUENCE	APPROVAL			
DATE	OFFICE	NAME/RANK	INITIALS	CC/NC	EXTENSION		OFFICE	NAME	INITIALS	DATE
						1	DCS Div Chief			
						2	DCS XO			
						3	DCS Deputy			
						4	DCS Principal			
						5	SGS			
						6	DCS			
						7	EDCG XO			
						8	EDCG			
						9	DCG XO			
						10	DCG			
						11	CG XO			
ACTION OFFICER (Name and Signature)			TELEPHONE NUMBER			12	CG			
						13	SACO			

